

# Louisiana Housing Authority Project Based Voucher Program ELIGIBILITY QUESTIONNAIRE

Rev. 03/2014

Initial

Interim

Annual

Recertification Month:

## A. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Legal Name of Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (include Apt#) : \_\_\_\_\_  
*Last*
*First*
*Middle/Maiden*
*mm/dd/yyyy*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### MARITAL STATUS

Single  
Married  
Separated  
Divorced  
Widowed

### RACE

White (1) Asian (4)  
 \_\_\_ Black/African American(2)  
 American Indian/  
 Alaska Native (3) Native Hawaiian/Other  
 Pacific Islander (5)

### ETHNIC ORIGIN

Hispanic (1) Non-Hispanic (2)

GENDER: Male Female

### EMERGENCY CONTACT

(Name, Address & Number)

Phone Number: \_\_\_\_\_

Current Spouse's Name: \_\_\_\_\_

**1) Has there been a change in your household composition in the past year? YES NO**

**Please be advised that you must request and receive written approval to add any other family member as an occupant of the unit.**

a) Name of Household Member: \_\_\_\_\_

Addition or Removal? Explain: \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_

Addition or Removal? Explain: \_\_\_\_\_

**2) List all members who live in the unit other than "Head of Household" in the chart below. If there are more than six (6) household members, please check here \_\_\_\_\_ and attach a separate sheet with this questionnaire.**

Legal Name	Relationship to Head	Birthdate	Age M/F	Sex	Social Security Number	Race	Hispanic/ Not Hispanic
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

**A. HOUSEHOLD COMPOSITION AND CHARACTERISTICS (Continued)**

3) Is head of household, spouse, or any other adult family member a person with disabilities? YES NO  
If so, Who? \_\_\_\_\_

**4) REASONABLE ACCOMMODATION:**

Do you or any household member need an accommodation because of a disability? YES NO  
If Yes, please describe: \_\_\_\_\_

5) Is there any household member temporarily absent from the home? YES NO

If Yes, please describe: \_\_\_\_\_

Address/Phone#: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Date Person Left Unit: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Attach a separate sheet with this information if additional household members are temporarily absent.

**B. ASSET INFORMATION (Applies to all household members including minors)**

6) Do you or any household member own or have a legal interest in any type of property? (e.g. real estate, mobile home, and/or land) YES NO

If YES, please provide: \_\_\_\_\_

Household member name: \_\_\_\_\_

Real Estate Address: \_\_\_\_\_

7) Have you or any household member sold or given away any assets in the last two years? Assets include real estate, mobile home, land, stocks, bonds, money held in checking/savings accounts, insurance policies and annuities, certificates of deposit (CDs), money market funds or other property such as stamp, coin or gem collections held as an investment. YES NO

If Yes, please describe: \_\_\_\_\_

8) Do you or any household member own any stocks or bonds? YES NO

If Yes, please describe: \_\_\_\_\_

9) Do you or any household member have any certificates of deposit (CDs), money market funds, or trust funds? YES NO

If Yes, please describe: \_\_\_\_\_

10) Do you or any household member have any type of retirement account (Pension, IRA, Keogh, 401(k) etc.)? YES NO

If Yes, please describe: \_\_\_\_\_

11) Do you or any household member have any inheritances, lottery winnings, or lump sum payments? YES NO

Asset Type: \_\_\_\_\_ Current Cash Value: \_\_\_\_\_ Where held: \_\_\_\_\_

12) Do you or any household member have any property that is held as an investment such as a coin, stamp or jewelry collection? YES NO

If Yes, please describe: \_\_\_\_\_

13) Do you or any household member have any life insurance policies? YES NO

If yes, please provide the following information: (If reporting more than one policy please attach an additional sheet with the following information)

a) Name of Household Member: \_\_\_\_\_

Insurance Agency Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Insurance: Term or Whole \_\_\_\_\_ Policy #: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**B. ASSET INFORMATION (Continued)****14) Do you or any household member have a bank account(s)?****YES****NO****If yes, you must include copies of the three (3) most recent consecutive statements for all accounts** (Attach additional sheets if necessary)

a) Name of Household Member: \_\_\_\_\_

Bank Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_  
\_\_\_\_\_Bank Name/Address: \_\_\_\_\_  
\_\_\_\_\_Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
\_\_\_\_\_**C. INCOME INFORMATION**

Please mark the area 'Yes' or 'No' below as it applies to any household member including minors:

**15) Do you or anyone in the household work full-time, part-time, or seasonally - including wages, fees, tips, bonuses, or money for services?****YES****NO**

If YES, please provide the following information:

a) Name of Household Member: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Claim# (if applicable): \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Hostile Fire Amount (*Military Personnel Only*): \$ \_\_\_\_\_  
\_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Claim# (if applicable): \_\_\_\_\_ Gross Amount Before Deductions: \$ \_\_\_\_\_

Circle: Weekly, Monthly, Bi-weekly \_\_\_\_\_

Hostile Fire Amount (*Military Personnel Only*): \$ \_\_\_\_\_**16) Do you or any household member work for someone who pays cash?** a) Name \_\_\_\_\_**YES****NO**

of Household Member: \_\_\_\_\_

Source of Income (i.e. name of employer/agency/branch/service/individual/other): \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Claim# (if applicable): \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**17) Are you or any household member self-employed or own or operate a business?** YES \_\_\_\_\_**NO**

a) Name of Household Member: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Yearly Earnings: \$ \_\_\_\_\_  
\_\_\_\_\_

**C. INCOME INFORMATION (Continued)****18) Do you or any household member receive unemployment benefits, workers compensation, or severance pay?**

If yes, please provide the following information:

**YES****NO**

a) Name of Household Member: \_\_\_\_\_

Benefit Start Date: \_\_\_\_\_

Source of Income (i.e., employer/agency/branch/other): \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Claim# (if applicable): \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_ Benefit Start Date: \_\_\_\_\_

Source of Income (i.e., employer/agency/branch/other): \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Claim# (if applicable): \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**19) Do you or any household member receive public assistance including TANF, cash aid, or food stamps?**

If yes, please provide the following information:

**YES****NO**

a) Name of Household Member: \_\_\_\_\_

Case Number: \_\_\_\_\_ Caseworker's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_

Case Number: \_\_\_\_\_ Caseworker's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**20) Do you or any household member receive court-ordered child support from any Child Support Enforcement Agency?****YES****NO**If yes, please provide the following information: *(If more than one case, please attach a separate sheet with the following information)*

Name of Receiving Household Member: \_\_\_\_\_

Name of Non-Custodial Parent: \_\_\_\_\_

Case Number: \_\_\_\_\_

Child Support Amount: \$ \_\_\_\_\_

**21) Do you or any household member receive child support directly from the Non-Custodial parent?****YES****NO**If yes, please provide the following information: *(If more than one case, please attach a separate sheet with the following information)*

Name of Receiving Household Member: \_\_\_\_\_

Name of Non-Custodial Parent: \_\_\_\_\_

Address &amp; Telephone# of Non-Custodial Parent: \_\_\_\_\_

Child Support Amount: \$ \_\_\_\_\_

**22) Do you or any household member receive alimony?****YES****NO**

If yes, please provide the following information:

Name of Receiving Household Member: \_\_\_\_\_

Name and Address of Former Spouse: \_\_\_\_\_

Alimony Amount: \$ \_\_\_\_\_

**C. INCOME INFORMATION (Continued)**

**23) Do you or any household members receive payments for the care of foster or adopted children, foster care assistance payments, and/or adoption assistance payments?** YES NO

If yes, please provide the following information:

a) Name of Receiving Household Member: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

b) Name of Receiving Household Member: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

**24) Do you or any household member receive Social Security or SSI Benefits?** YES NO

If yes, please attach a copy of the award letter to this questionnaire and provide the following information:

a) Name of Receiving Household Member: \_\_\_\_\_

Received on behalf of: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

b) Name of Receiving Household Member: \_\_\_\_\_

Received on behalf of: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

**25) Do you or any household member receive income from a pension or annuity?**

YES

NO

If yes, please attach a copy of the award letter to this questionnaire and provide the following information:

a) Name of Receiving Household Member: \_\_\_\_\_

Name of Annuity or Pension: \_\_\_\_\_

Address & Telephone # of Annuity/Pension: \_\_\_\_\_

Account#:

Monthly Amount: \$

b) Name of Receiving Household Member: \_\_\_\_\_

Received on behalf of: \_\_\_\_\_

Address & Telephone # of Annuity/Pension: \_\_\_\_\_

Account#:

Monthly Amount: \$

**C. INCOME INFORMATION (Continued)**

**26) Do you or any household member receive regular contributions from an organization or from individuals not living in the unit?** YES NO

*If yes, please attach a copy of the award letter or written declaration from contributor to this questionnaire and provide the following information:*

a) Name of Receiving Household Member: \_\_\_\_\_

Contributors Name: \_\_\_\_\_

Address & Telephone# of Contributor: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

b) Name of Receiving Household Member: \_\_\_\_\_

Contributors Name: \_\_\_\_\_

Address & Telephone# of Contributor: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

**27) Do you or any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit (CDs), stocks or bonds, or income from rental property?** YES NO

*If yes, please attach a copy of the award letter to this questionnaire and provide the following information:*

Name of Receiving Household Member: \_\_\_\_\_

Type of Asset: \_\_\_\_\_

Amount of Income or Interest Received: \$ \_\_\_\_\_

**28) Do you or any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)?** YES NO

*If yes, please attach a copy of the award letter to this questionnaire and provide the following information:*

Name of Household Member: \_\_\_\_\_

Branch of Service & Contact Address: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Does this include Special Pay for Exposure to Hostile Fire? YES NO If Yes, amount received: \$ \_\_\_\_\_

**29) Do you or any household member receive money to pay bills from someone outside of your household?** YES NO

Name of Person Paying Bills: \_\_\_\_\_

Telephone#: \_\_\_\_\_ How Often is Money Received? \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

**30) Do you or any household member receive and/or manage money on behalf of any person whether adult or minor? (e.g., court-appointed guardian, Power of Attorney, etc.)**

*If yes, please provide the following information:* YES NO

Name of Household Member: \_\_\_\_\_

Name of Income Source : \_\_\_\_\_

## C. INCOME INFORMATION (Continued)

### 31) Has anyone in the household received any other income in the past 12 months?

If yes, please provide the following information:

YES

NO

a) Name of Household Member: \_\_\_\_\_

Source of Income (e.g. wages, grants, other): \_\_\_\_\_

When was the money received? \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_

Source of Income (e.g. wages, grants, other): \_\_\_\_\_

When was the money received? \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

## D. EXPENSES

### 32) Do you or any household member have childcare expenses for any child 12 years of age or younger?

If yes, please provide the following information:

YES

NO

a) Name(s) of Child(ren): \_\_\_\_\_

Childcare Provider Name: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Address : \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

b) Name(s) of Child(ren): \_\_\_\_\_

Childcare Provider Name: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Address : \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### 33) Does any person or agency pay any portion of the childcare expenses?

YES NO

If yes, please provide the following information:

Agency or Person's Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### 34) Student Status - List all household members 18 years of age or older other than 'Head of Household' who are currently enrolled in high school, college, training programs, or other educational institutions: Please attach a letter from the educational institution verifying the student status of the household member.

a) Name of Household Member Attending School: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Part-Time

Full-Time

b) Name of Household Member Attending School: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Part-Time

Full-Time

**D. EXPENSES (Continued)**

**35) Do you pay for a care attendant, a service animal or any equipment on behalf of any household member with a disability in order to allow that person or someone else in the family to work?**

If yes, please provide the following information:

**YES**

**NO**

a) Name of Household Member with Disability: \_\_\_\_\_

Care Attendant Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_

Type of Service Animal: \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_

**E. ELDERLY OR DISABLED FAMILIES ONLY (ALL OTHERS SKIP TO QUESTION 41)**

Complete the following questions only if the head of family or spouse is 62 years old or older, or if the head or spouse is a person with a disability. If this section does not apply, please skip to Section F)

**36) Do you have Medicare?**

**YES**

**NO**

**37) Do you pay for any other medical insurance?**

**YES**

**NO**

a) Name of Household Member: \_\_\_\_\_

Name of Insurance Co./Agent's Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Policy#: \_\_\_\_\_

Monthly Premium Amount: \$ \_\_\_\_\_

b) Name of Household Member: \_\_\_\_\_

Name of Insurance Co./Agent's Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Policy#: \_\_\_\_\_

Monthly Premium Amount: \$ \_\_\_\_\_

**38) Is any household member paying any outstanding medical bills?**

**YES**

**NO**

If yes, please provide the following information:

a) Name of Household Member: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Address : \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_

**39) Do you or any household member expect to have additional medical expenses in the next twelve (12) months that will not be covered by insurance? (This includes prescription and non-prescription drugs, co-payments, medical tests, eyeglasses, hearing aid expenses or other medical costs)**

**YES**

**NO**

If yes, please provide the following information:

a) Name of Household Member: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Phone#: \_\_\_\_\_

Type of Medical Expense: \_\_\_\_\_

Fax#: \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_



**E. ELDERLY OR DISABLED FAMILIES ONLY (Cont'd - GO TO QUESTION 41 IF THIS DOES NOT APPLY)**

40) Do you or any household member have a Medicare Approved Drug Discount Card? YES NO

If yes, please provide the following information:

a) Name of Household Member:

Card Issued by: \_\_\_\_\_

Card Number: \_\_\_\_\_

**F. HOUSEHOLD HISTORY**

*Federal regulations require Housing Authorities to question participants concerning drug-related or violent criminal activities.*

41) Have you or any household member engaged in or been arrested for drug-related or violent criminal activity within the past 3 years? YES NO

If yes, please provide household member's name: \_\_\_\_\_

42) Have you or any household member ever been convicted of the manufacture or production of methamphetamine ("speed" or "meth")? YES NO

If yes, please provide household member's name: \_\_\_\_\_

43) Are you or any household member subject to lifetime registration as a sex offender in any state? YES NO

If yes, please provide household member's name: \_\_\_\_\_ State: \_\_\_\_\_

44) Have you or any household member ever received any type of housing assistance (e.g. Section 8 or Public Housing)? YES NO

If yes, please provide the following information:

a) Name of Public Housing Agency: \_\_\_\_\_

45) Do you owe money to any Public or Assisted Housing Agency? YES NO

If yes, please provide the following information:

a) Name of Public Housing Agency: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

46) Have you or any household member ever used a name or social security number other than the one you are using now? YES NO

If yes, please explain: \_\_\_\_\_



## PARTICIPANT RESPONSIBILITIES

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN TO *QUADEL HOUSING SERVICES* ON THE FAMILY COMPOSITION AND CHARACTERISTICS, DRUG AND CRIMINAL ACTIVITY, INCOME, ASSETS, AND EXPENSES, IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW AND GROUNDS FOR DENIAL OR TERMINATION OF HOUSING ASSISTANCE.

I UNDERSTAND THAT I AM REQUIRED TO REPORT ALL CHANGES IN FAMILY COMPOSITION, INCOME, ASSETS, AND EXPENSES OF ANY FAMILY MEMBER(S) TO *QUADEL HOUSING SERVICES* WITHIN TEN (10) DAYS OF THE CHANGE. I UNDERSTAND THAT ALL CHANGES IN FAMILY COMPOSITION DUE TO BIRTH, ADOPTION, OR COURT AWARDED CUSTODY MUST BE REPORTED IN WRITING TO *QUADEL HOUSING SERVICES* WITHIN TEN (10) DAYS OF THE CHANGE. FURTHER, THAT NO ONE IS PERMITTED TO MOVE INTO MY UNIT WITHOUT PRIOR WRITTEN APPROVAL OF THE NHA AND MY LANDLORD. I UNDERSTAND THAT ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD, AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT IS A FELONY UNDER TITLE 18, SECTION 1001 OF THE UNITED STATES CODE.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

WE APPRECIATE YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

### DO NOT WRITE IN THIS SPACE - FOR LHA STAFF ONLY

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete. Any items that were not complete on the date of this questionnaire was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.

Signature of Representative:

Date:

